

Attention Problems of Child Sexual Abuse Survivors: Treatment Outcomes

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INTRODUCTION

- Youth presenting to treatment following CSA may exhibit additional concerns that may impact their ability to engage in treatment.
- Inattention is a significant concern that youth experience.
- There is a dearth of literature examining the interplay between inattention and child sexual abuse.
- The purpose of this study was to examine how youth with attention problems present to treatment following CSA to inform special considerations for treatment.

METHODS

- 343 families presented to Project SAFE (Sexual Abuse Family Education) in Southeastern Nebraska.
- Project SAFE is a 12-week cognitive-behavioral group treatment for youth who have been sexually abused and their non-offending caregivers.
- Youth were 7 to 19 years of age (M = 11.76, SD = 2.96), 78.5% female, and 76.6% identified as European American.
- Non-offending caregivers completed the Child Behavior Checklist (CBCL) on their child.
- Youth completed the Child Depression
 Inventory (CDI) and the Revised Children's
 Manifest Anxiety Scale (RCMAS).



Attention problems among child sexual abuse (CSA) survivors **improved** after treatment for CSA.



Take a picture to see lab website

Correlation of CBCL Attention Problems	and Other Youth Clinical Symptoms ($N = 323$
Children's Depression Inventory (CDI)	<u>r</u>
Total Score	$.1\overline{89}^{**}$
Negative Mood	.159*
Interpersonal Problems	.214**
Ineffectiveness	.219**
Anhedonia	.159*
Negative Self Esteem	.075
RCMAS	
Total Anxiety	
Physiological	.179**
Worry	.149*
Social Concerns	.184**
Child Behavior Checklist (CBCL)	
Anxious/Depressed	.569***
Withdrawn	.535***
Somatic Complaints	.383***
Social Problems	.693***
Thought Problems	.635***
Rule-breaking Behavior	.491***
Aggressive Behavior	.620***
Internalizing Problems	.622***
Externalizing Problems	.611***
<i>Note.</i> $p < .05$. $p < .01$. $p < .001$.	



RESULTS

- 22.9% of the youth presented with attention problems (AP) as collected through the CBCL-Attention Problems Scale (CBCL-APS; *M* = 61.77, *SD* = 9.80).
- The AP group self-reported more psychological and social problems at pre-treatment (see table).
- For the AP group, AP decreased at post-treatment (M = 69.13, SD = 9.86) compared to pretreatment (M = 76.18, SD = 6.31) as reported on the CBCL-APS t(37) = 6.03, p < .001.
- At post-treatment, the AP group demonstrated significant reductions in interpersonal problems (M = -8.74, SD = 1.63; t(155) = 2.36, p < .05)and thought problems (M = -5.83, SD = 9.70; t(172) = 2.26, p < .05) compared to the non-AP group.

DISCUSSION/IMPLICATIONS

- Attention problems were positively correlated with depressive, anxiety, and thought problems.
- Attention problems decreased to subclinical levels at post-treatment thus suggesting the need for future research to disentangle the relationship between CSA and attentional deficits.
- Given that a significant proportion of youth who experience CSA also present with clinical levels of attention problems, clinicians should consider how these attentional deficits may impact other presenting concerns and treatment for CSA.

